

1 INFORMATION COMMUNICATION SYSTEM

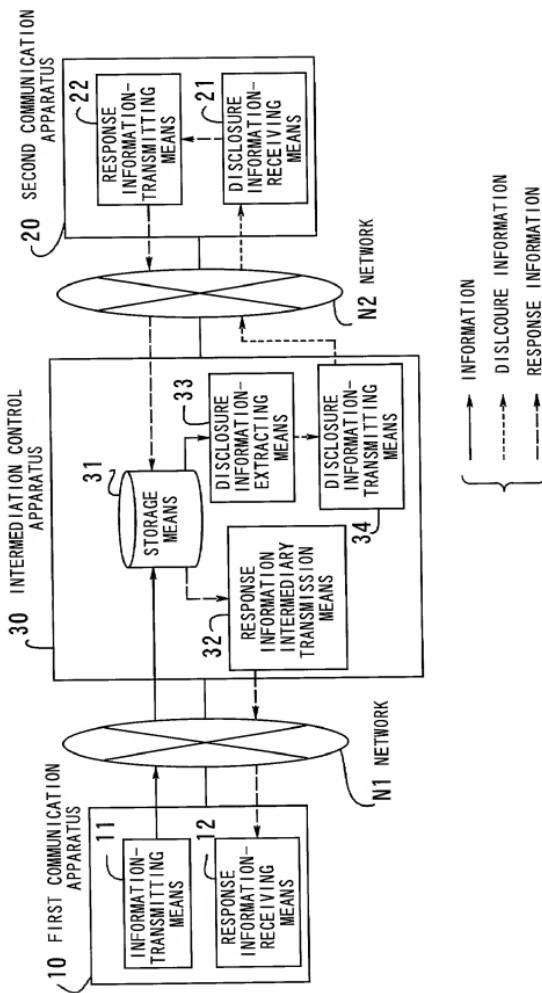


FIG. 1

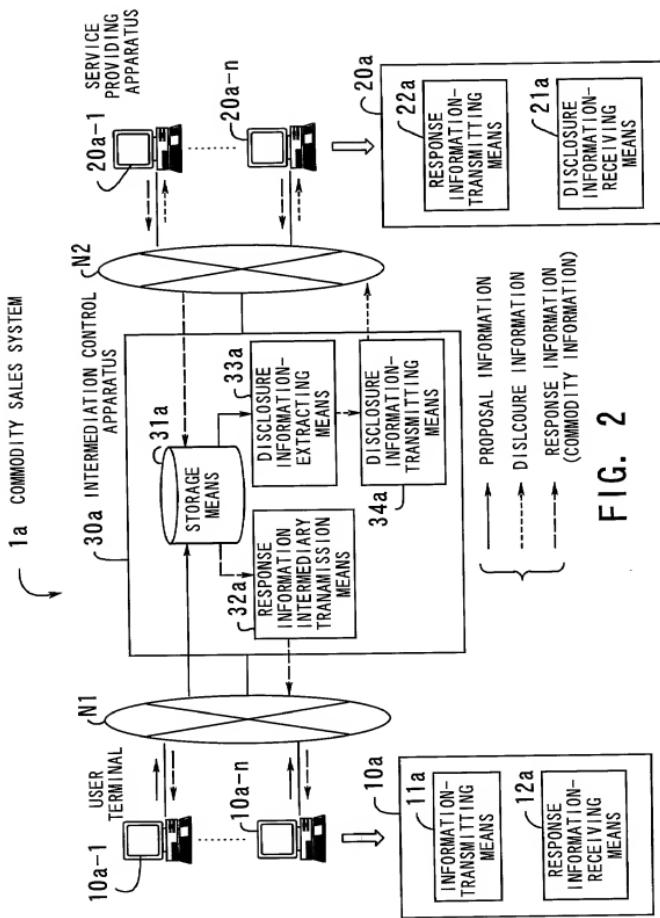


FIG. 2

110 PERSONAL DATA ENTRY SCREEN

111 PERSONAL DATA	
111a ~	USER ID
111b ~	PERSONAL NAME
111c ~	AGE
111d ~	SEX
111e ~	OCCUPATION
111f ~	LENGTH OF SERVICE
111g ~	ANNUAL INCOME
111h ~	
111h ~	WIFE OR HUSBAND
111h ~	NUMBER OF CHILDREN
111h ~	AGE OF CHILD
111h ~	NUMBER OF DEPENDENTS OTHER THAN ABOVE
111i ~	CURRENTLY INSURED
111j ~	E-MAIL ADDRESS
112 ~	
REGISTRATION	

FIG. 3

120 ESTIMATE REQUEST DATA ENTRY SCREEN

121 ESTIMATE REQUEST DATA	
USER ID	1 D 0 0 0 0 3
PERSONAL NAME	FUJI TARO
REQUESTED INSURANCE	FAMILY PERSONAL ACCIDENT <input checked="" type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> ...
121a	INSURED HOSPITAL EXPENSE \$4000/DAY OR MORE INSURED OUTPATIENT EXPENSE \$2500/DAY OR MORE SAVING TYPE DESIRED
121b	OTHER DESIRED CONDITIONS
122 REGISTRATION	

FIG. 4

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T1 DISCLOSURE INFORMATION EXTRACTION

T1a

KIND OF INSURANCE	DISCLOSURE INFORMATION
NURSING CARE EXPENSES INSURANCE	OCCUPATION FAMILY MAKE-UP (INCLUDING AGE, CONDITION OF DISEASE)
SAVINGS-TYPE INSURANCE	AGE OCCUPATION LENGTH OF SERVICE

KIND OF INSURANCE	DISCLOSURE INFORMATION
LIFE INSURANCE	ANNUAL INCOME FAMILY MAKE-UP
	AGE
	OCCUPATION ANNUAL INCOME FAMILY MAKE-UP

FIG. 5

210 PROPOSAL REQUEST RETRIEVAL SCREEN

211 INSURANCE TYPE SELECTION	212 ANNUAL INCOME 6 0 0 ♂~		
INSURANCE TYPE SELECTION <input type="checkbox"/>	<input type="checkbox"/>		
213 REGISTRATION DATA DESIGNATION JANUARY 2000 OR LATER <input type="checkbox"/>			
214 REGISTERED REQUEST LIST			
REGISTRATION DATE	INSURANCE TYPE	ANNUAL INCOME	DETAILS OF INSURANCE
2000/01/22	MEDICAL SECURITY INSURANCE	6 MILLION	GROUP-TYPE WITH FAMILY RIDER
2000/01/23	MEDICAL SECURITY INSURANCE	8 MILLION	WITH ADVANCED SPECIAL CONTRACT
...
216 <input type="checkbox"/> DETAIL DISPLAY			

FIG. 6

FIG. 7 PRODUCT PROPOSAL RETRIEVAL SCREEN

130 PRODUCT PROPOSAL RETRIEVAL SCREEN

131 REGISTRATION LIST			
REGISTRATION DATE	INSURANCE TYPE	DETAILS OF INSURANCE	
2000/01/23	MEDICAL SECURITY INSURANCE	GROUP-TYPE WITH FAMILY RISER	
132 INTRODUCTION LIST			
DATE OF INTRODUCTION	INSURANCE COMPANY NAME	TITLE	
2000/01/25	NEW JAPAN INSURANCE CO. LTD	PLEASE BE ADVISED.	
2000/01/26	ABC MARINE FIRE INSURANCE	PLEASE BE ADVISED OF YOUR DESIRED PRODUCT	
2000/01/27	WHITE INSURANCE CO. LTD	DEAR CUSTOMER.	
133 SELECTION			
134 DETAIL DISPLAY BUTTON			

FIG. 7

C 140 INSURANCE PRODUCT ADVICE SCREEN

141 CUSTOMER 1D00003	142 CUSTOMER REGISTRATION NUMBER 00000002	143 TITLE PLEASE BE ADVISED.
144 DETAILS OF INTRODUCTION		

Dear Customer,

We read details of your request.
We have an insurance product plan

which we wish to advise you by all means.

So, we attach hereto a file of a literature of
an insurance product, for your reference.
Please consult the literature to decide your insurance.

Sincerely yours,

Mr. Ohi, Business Department
New Japan Insurance Co. LTD
TEL:03-XXX-0001 email:oi@nthonhoken.co.jp

C 145 ATTACHED FILE

Literature for your reference

146 INTRODUCTION
REGISTRATION

FIG. 8

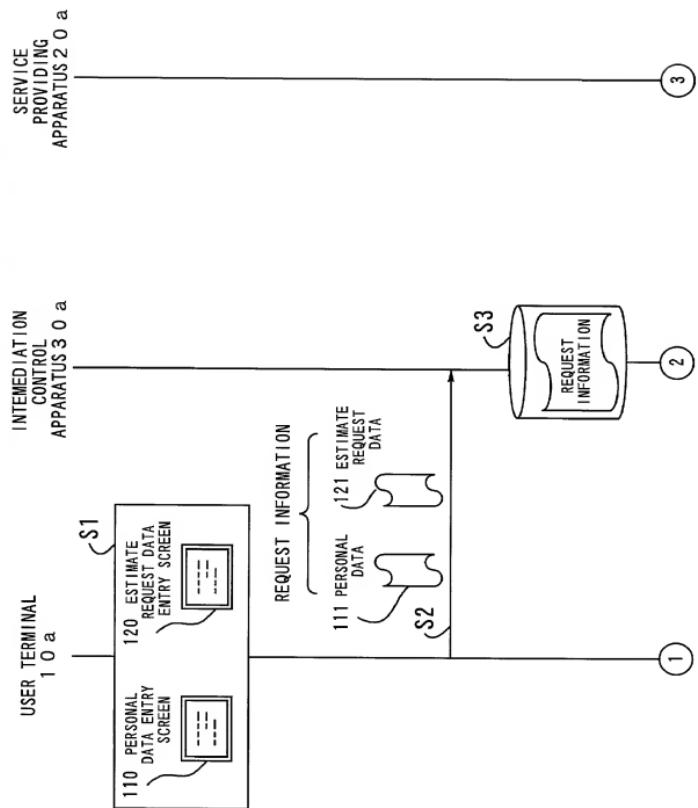


FIG. 9

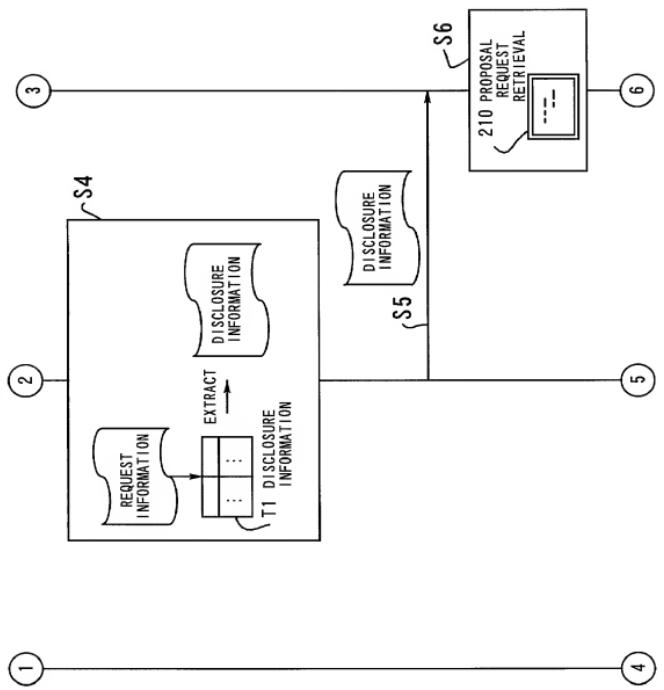


FIG. 10

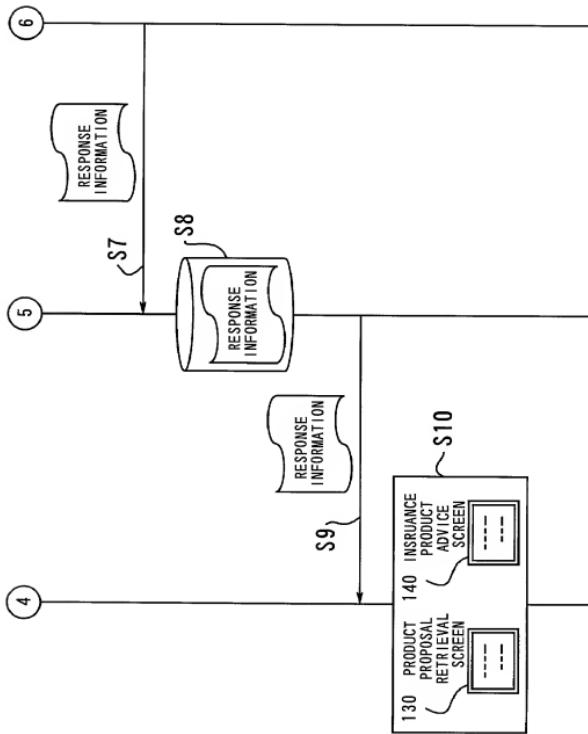


FIG. 11